State of CT Health Information Exchange

- May 2, 2016: the Connecticut General Assembly passed **Public Act**, "*An Act Concerning Patient Notices, Designation of a Health Information Technology Officer (HITO), Assets Purchased for the State-wide Health Information Exchange and Membership of the State Health Information Technology Advisory Council.*"

- Allan Hackney was appointed the HITO

- Spring 2017: Dr. Agresta & UConn Health engaged- serve as a clinician informatician on CT Health Information Technology and Exchange

Med Rec: A Prioritized Use Case

Late 2017: CT HIE UC DG was formed to consult on UCs for the CT HIE Findings were presented the CT Health Information Technology Council

Recommendations of the HIE Use Case Design Group

Wave 2 use cases for planning and implementation (following additional analysis and activities) for the second year of HIE services:

- Medication Reconciliation - *viewed as critical for quality, safety and efficiency, but with a recognized need to address process issues prior to the deployment of supportive technology*
- Medical Orders for Life-Sustaining Treatment (MOLST) and Advance Directives
- Patient Portal
- Population Health Analytics

FINAL REPORT AND RECOMMENDATIONS OF THE HEALTH INFORMATION EXCHANGE USE CASE DESIGN GROUP
http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council/Health-IT-Advisory-Council---HIE-Use-Case-Design-Group-2017

Medication Reconciliation and HIE Wave 2 – Planning in Wave 1

- Initial intent was to plan for this (learn more about challenges) in Wave 1

- Planning was accelerated due to a number of issues
  - Cancelling an electronic prescription Identified as major pain point and patient safety risk by Chief Medical Information Officers in CT
  - Polypharmacy brought forth for potential legislation and a presentation in late January
  - Multiple stakeholders involved quickly
  - All activities were "on-the-path" towards studying Medication Reconciliation

Current: State of CT Office of Health Strategy Work Streams

- PolyPharmacy work- 1/22/18 Presented to CT PH Committee & 2/16/18 bill proposed, *Requiring the Health Information Technology Working Group to Evaluate Issues Concerning Polypharmacy and Medication Reconciliation*

- Cancel Rx Advisory Council meetings- 1/16/18 & 2/16/18

- National Council for Prescription Drug Programs (NCPDP)- clinician advisor to standards development

- Consulting on a Research Paper about Cancel Rx

- Exploring funding options for a Cancel Rx Pilot

- Collaborative efforts with Utah Digital Health Commission, Nebraska PDMP, CVS, SureScripts and others regarding CancelRx

Lessons Learned/Recommended Actions

- Yale and Johns Hopkins Pilots
- Epic Cancel Rx at St. Francis
- Nebraska PDMP
- Utah
- SureScripts
- CVS

Med Rec eCancel Rx Advisory Group

Goal: Assess national and state info and build a successful model/ Med Rec Cancel Rx Use Case for CT Health Information Exchange

1. Draft Cancel Rx Problem Statement

2. Identify barriers to Med Rec
   <u>Three Workgroups</u>
   1. Stakeholder- Return on Investment
   2. Workflow- technical and human elements
   3. Technical Standards- what tech and training is needed for adoption across user groups? National Council for Prescription Drug Programs (NCPDP) Implementation Guide-SCRIPT Version 10.6

3. Conduct pilot with beta testing across hospitals and pharmacies in CT to further identify barriers by using agile sprints to build, test, review, refine and validate standards and means of adoption and training

4. Propose solutions to CT legislature to invest in launching a State Solution